

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AD FLD		ADJUDICATORY APPOINTMENT		ADJUDICATORY APPOINTMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
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35						
36	1					
37						
38						
39						
40						
41						
42	1					
43		1				
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS						

	AD FLD		ADJUDICATORY APPOINTMENT		ADJUDICATORY APPOINTMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						